

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PATENT APPLICATION FEE DETERMINATION RECORD</b> Substitute for Form PTO-875						Application or Docket Number <div style="font-size: 1.2em; font-family: cursive;">10/087343</div>	
<b>CLAIMS AS FILED – PART I</b>							
(Column 1)		(Column 2)		(Column 3)			
FOR	NUMBER FILED	NUMBER EXTRA					
BASIC FEE (37 CFR 1.16(a))							
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 = *				
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 = *				
MULTIPLE DEPENDENT CLAIM PRESENT			(37 CFR 1.16(d))				
* If the difference in column 1 is less than zero, enter "0" in column 2.							
<b>CLAIMS AS AMENDED – PART II</b>							
<b>AMENDMENT A</b>	(Column 1)		(Column 2)		(Column 3)		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	Minus	**				
	Independent (37 CFR 1.16(b))	Minus	***				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
<b>AMENDMENT B</b>	(Column 1)		(Column 2)		(Column 3)		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	Minus	**				
	Independent (37 CFR 1.16(b))	Minus	***				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
<b>AMENDMENT C</b>	(Column 1)		(Column 2)		(Column 3)		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	Minus	**				
	Independent (37 CFR 1.16(b))	Minus	***				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/2743

CLAIMS AS FILED - PART I

Column 1		Column 2
TOTAL CLAIMS		
FOR <u>PER</u>	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	claim 10	
INDEPENDENT CLAIMS	claim 10	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in columns 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

Column 1	Column 2	Column 3
CLAIMS REMOVED AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
THIS	42	42
Independence	10	10
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

816.00

Column 1	Column 2	Column 3
CLAIMS REMOVED AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
THIS	42	42
Independence	10	10
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

1171.05

Column 1	Column 2	Column 3
CLAIMS REMOVED AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
THIS	42	42
Independence	10	10
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

SMALL ENTITY TYPE <input checked="" type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	FEE	RATE	FEE
BASIC FEE	370.00	BASIC FEE	750.00
X15		X15	
X42		X42	
+140		+200	
TOTAL		TOTAL	710

SMALL ENTITY TYPE <input checked="" type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X15		X15	
X42		X42	
+140		+200	
TOTAL		TOTAL	

SMALL ENTITY TYPE <input checked="" type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X15		X15	
X42		X42	
+140		+200	
TOTAL		TOTAL	

SMALL ENTITY TYPE <input checked="" type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X15		X15	
X42		X42	
+140		+200	
TOTAL		TOTAL	

BEST AVAILABLE COPY